

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>SB</i>		
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>101</i>	<i>JC 208</i>	<i>8-20-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>A-T</i>	<i>1071</i>	<i>11/30/01</i>

## INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 Canceled A ..... Appeal  
 Restricted 0 ..... Objected  
 (Through numeral)...

Claim	Date
Final	
Original	<i>11/27/01</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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